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**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

2 75/

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90076 035 \*\*\*150.00

1. Corporatio	AGELLAN BIOSCIENC	CE GROUP, IN	vc.				
Principal Plac	ce of Business	Mailing Address	<u> </u>				
12085	Research Drive						
Alachva, FL 32615				DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
////	· 4, / - Ja 6/3			3. Date Incorporated or Qualified  10 April 1997			
	Place of Business	2a. Mailing Address		4. FEI Number	Appli	ied For	
21 1208	5 Research Dr.	26 6286 17th S	t. South	59-3464958		Applicable_	
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad		
City & Stat	te FL Country	City & State  28 St. leters by Zip	cc. FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	,	
Zip 24 3261	25 U.S.A	29 3	Country	8. This corporation owes the current ye Personal Property Tax.	ar Intangible	(No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered Agent		
1	odd R. Davian		81 Name	Todd R. Davian			
•		n.e		dress (P.O. Box Number is Not Acceptable)			
	216 NW 13th La		83	286 17th Street Si	<u> </u>		
67	inesville, FL 3	2606					
	,,,,,,		84 City	Peters burg	FL  85   Zip Co	de 705	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co		se of changing its re	gistered	
11. Pursuant office or r agent. I a	to the provisions of Sectio <del>ns 607.</del> 9502 registered agent, or both, in the State o am familiar with, and accept the <del>obligati</del>	and 607.1508, Florida Statutes f Florida. Such change was autl ons of, Section 607.0505, Florid	i, the above-named con horized by the corpora la Statutes.	rporation submits this statement for the purpo tion's board of directors. I hereby accept the	appointment as regis	gistered stered	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Pam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

πŒ

NAME

GNATURE AND TYPED OR PRINTED NAME

☐ DELETE